VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office 13901 Crown Court

Woodbridge VA 22193

YEAR

MO.

DAY

(703) 583-3800

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: STORM WAT												•						
XXXXX MC	ONITORING	i				VAF	R05XXX	Х		001								
						PERM	IIT NUMB	ER	OU	TFALL	NO.							
PERMITTEE NAME	Facitty Nar	me				J												
						Check			MONIT	ORIN	G PERIO	DD						
FACILITY NAME	Facility Na	me				One	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY					
ADDRESS	Facility Ma	iling Address					2014	July	1		2014	December	31					
	City	VA	Zip Code				2015	January	1		2015	June	30					
							2015	July	1		2015	December	31					
FACILITY	,	ysical Addres					2016	January	1	ļ	2016	June	30					
LOCATION	City	VA	Zip Code				2016	July	1		2016	December	31					
							2017	January	1		2017	June	30					
CONTACT PERSON							2017	July	1		2017	December	31	ľ				
	1			-			2018	January	1		2018	June	30	'				
TELEPHONE							2018	July	1	ľ	2018	December	31	ı				
				=			2019	January	1	İ	2019	June	30	i				
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PARAMETER					CONCENTRA	_	15.41.15.4	LINUTO	NO.		SAN				RM EV		DAY	-
004 TSS			REPORTED	MINIMUM ******	AVERAGE *****	MAX	IMUM	UNITS	EX.		TY	PE		DATE	YR	MO	DAY	•
004 100			BENCHMARK CON	*****	*****	100		MG/L			GR	AB	İ	DURATION	HRS	MI	N	_
Comments:													_	RAINFALL TOTAL (IN.) PRECEDING EVENT	DAY	′S H	HRS	
			ND ALL ATTACHMENTS WERE PR			Pi	RINCIPA	L EXECUT	TIVE OF	FICE	R OR A	UTHORIZED	AGEN	Г			DATE	
PROPERLY GATHER AND EVA PERSONS WHO MANAGE TH	LUATE THE INFO	ORMATION SUBN	M DESIGNED TO ASSURE THAT O MITTED. BASED ON MY INQUIRY (IRECTLY RESPONSIBLE FOR GATH ST OF MY KNOWLEDGE AND BEL	OF THE PERSON OR HERING THE														

TYPED OR PRINTED NAME

SIGNATURE

This report is required by your VPDES permit and by law. (See, e.g., the Code of Virginia of 1950 §62.1-44.5 and 9 VAC 25-31-50.) Failure to report or failure to report truthfully can result in civil penalties of \$32,500 per violation, per day and felony prosecutions which can carry a 15 year term.

DISCHARGE MONITORING REPORT (DMR) - GENERAL INSTRUCTIONS

- 1. Complete this form in permanent ink or indelible pencil. The use of 'correction fluids/tape' is not allowed.
- 2. Enter a check mark or otherwise indicate the appropriate "Monitoring Period" when sampling occurred.
- 3. For those parameters where the "REQUIREMENT" spaces have a reporting requirement or limitation, provide data in the "REPORTED" spaces in accordance with your permit.
- 4. Enter maximum concentration and units in the "REPORTED" spaces in the appropriate column under the header of "Concentration".
- 5. For all parameters enter the number of samples which do not comply with the minimum or maximum permit requirement in the "REPORTED" space in the column marked "No. Ex." (Number of Exceedances). If none, enter "0". Do NOT include monthly average violations in this field.
- 6. You are required to sample (at a minimum) according to the Sample Frequencies and Sample Types specified in your permit. If you sample more often than the Sample Frequency specified in your permit then all data must be used when completing the DMR.
- 7. Enter the actual type of sample (Grab, 8HC, 24HC, etc) collected for each parameter in the "REPORTED" space in the column marked "Sample Type".
- 8. Storm Event Information (i.e., a "measurable storm event" is a storm event that results in an actual discharge from the site, providing the interval from the preceding measurable Storm event is at least 72 hours):
- a.Enter the date (Year/Month/Day) of the "measurable storm event"
- b.Enter the duration (hours and minutes) of "measurable storm event"
- c.Enter the rainfall total (inches) of the "measurable storm event"
- d.Enter the number of days and hours from the preceding "measurable storm event"
- 9. The principal executive officer then reviews the form and must sign in the space provided and provide a telephone number where he/she can be reached. Enter the date (Year/Month/Day) the DMR was signed. Every page of the DMR must have an original signature and date.
- 10. Send the completed form(s) with original signatures to your Department of Environmental Quality Regional Office by the 10th of month following the monitoring period.
- 11. You are required to retain a copy of the report for your records.

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DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge (703) 583-3800 22193

VA

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TYPE: STORM WAT										laca a	u Via tha u		i		. al
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FACILITY NAME	Facility Name				One YEA	MONTH		ГО ҮЕА		DAY	1				
ADDRESS	Facility Mailing Address				X 2014	1 July	1	2014	1 December	31					
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FACILITY	Facility Physical Addres				2010		1	2016		30	l				
LOCATION	City VA	Zip Code			2010		1	2016		31 30					
CONTACT PERSON					201		1	2017		31	ł				
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TELEPHONE					2018		1	2018		31					
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· ·	DRMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRU														
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VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

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(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

VA

22193

Woodbridge (703) 583-3800

			NOTE:	READ PERMIT	AND GENERAL	NSTRUC	CTIONS	BEFORE	COM	PLET	ING TH	IS FORM					
	YPE: STORM WATER XXXXX MONITORING					VAR05XXXX PERMIT NUMBER			01	001 JTFALI				n X in the n		_	•
PERMITTEE NAME	Facitty Nam	ne	Enter Contact for any DEQ of		1	Check	III NUMB				G PERIO	ND.		1			
FACILITY NAME ADDRESS	Facility Nam Facility Mail City	ne ling Address VA	Zip Code			One	YEAR 2014 2015 2015	MONTH July January July			YEAR 2014 2015 2015	MONTH December June December	er 31 30				
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ONTACT PERSON Contact Person Name		me	- 6			2017 2018	July January	1	1	2017 2018	December June	31 30					
TELEPHONE	Contact T	elephone	Number				2018 2019	July January	1		2018 2019	December June	31 30				
PARAMETER					CONCENTR				NO. EX.		SAM TY			INFO	RM EVE DRMATIO	NC	
004 TSS			REPORTED	MINIMUM ******	AVERAGE	MAXI	IMUM	UNITS						DATE	YR	MO	DAY
			BENCHMARK CON	*****	*****	100		MG/L			GR	AB		DURATION	HRS	M	N
Comments:														RAINFALL TOTAL (IN.) PRECEDING EVENT	DAYS	6	HRS
															!		

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT		DATE	
			——		-
DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL				i ,	1 I
PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR				1 /	i I
PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE				1 /	1
INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE				1 /	1 1
AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,					ullet
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

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	YPE: STORM WATER XXXXX MONITORING						R05XXX			001			an X in the r		_	•
PERMITTEE NAME	Facitty Nan	ne	Enter Contact for any DEQ of		ı	Check	IIT NUME			RING PER			1			
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FACILITY LOCATION	Facility Phy City	vsical Addres	ss Zip Code				2015 2016 2016 2017	July January July January	1 1 1	2016 2016 2016	June December	31 30 31 30	Enter Co needed Samplin	such		
CONTACT PERSON Contact Person Name TELEPHONE Contact Telephone Number			_ 🗸			2017 2018 2018 2019	July January July January	1 1 1 1	2017 2018 2018 2019	December June December	31 30 31 30	Identific Revision DMR		-	IS	
PARAMETER					RATION			NO. SAMPLE EX. TYPE				INF	RM EV	ON		
004 TSS			REPORTED	MINIMUM	AVERAGE ******	MAXI	MUM	UNITS					DATE	YR	MO	DAY
			BENCHMARK CON	*****	*****	100		MG/L		(RAB	J	DURATION	HRS	MI	N
Comments: Missi	ing Storn	n Event	Information add	ed									RAINFALL TOTAL (IN.) PRECEDING EVENT	DAY	S	HRS

	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT	i	DATE	
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY			<u> </u>		
DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL					
PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR			1	1 /	
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INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE				1 /	
AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,				ш	
, and the second	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

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Check

One

2014

2015 2015

2016

2016

2017

2017

2018

2018

2019

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge (703) 583-3800

Place an X in the monitoring period

in which the sample was collected

VA 22193

TYPE: STORM WATER XXXXX MONITORING **Enter Contact information** Facitty Name PERMITTEE NAME for any DEQ questions **FACILITY NAME** Facility Name ADDRESS Facility Mailing Address VA Zip Code FACILITY Facility Physical Address LOCATION VA Zip Code CONTACT PERSON **Contact Person Name** TELEPHONE **Contact Telephone Number**

VAR05XXXX	001
PERMIT NUMBER	OUTFALL NO.

YEAR MONTH DAY TO

July

January

July

January

July

January

July

January

July

January

1

1

1

2018

2019

V	G PERIC)D	
	YEAR	MONTH	DAY
	2014	December	31
	2015	June	30
	2015	December	31
	2016	June	30
	2016	December	31
	2017	June	30
	2017	December	31
	2018	June	30

December

June

31

30

Enter Comments as needed such as Extra Sampling, Identification of Revision to previous

DMR

PARAMETER			CONCENTRA	NO. EX.	SAMPLE TYPE		
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

0.0.	STORM EVENT INFORMATION									
DATE	DATE YR MO DA									
DURATION	HRS		MII	7						
RAINFALL TOTAL (IN.)										
PRECEDING										
EVENT										

Comments: Missing Storm Event Information added

Name, Signatue and Date are required to validate the DMR submission

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,

PRINCIPAL EXECUTIVE OFFICE		DATE		
Executive Officer Name	Executive Office Signature	YY	ММ	DD
TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

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TYPE: STORM WAT												Ī					
XXXXX MC	ONITORING	j				VAF	R05XXX	X		001							
						PERM	IIT NUMB	ER	OL	JTFAL	L NO.						
PERMITTEE NAME	Facitty Na	me							P			<u>.</u> !					
						Check			MONIT	ORIN	G PERIO)D		1			
FACILITY NAME	Facility Na	ame				One	YEAR	MONTH	DAY	ТО	YEAR	MONTH	DAY	1			
ADDRESS	Facility Ma	ailing Address	3				2014	July	1	1	2014	December	31				
	City	VA	Zip Code				2015	January	1	1	2015	June	30	1			
							2015	July	1		2015	December	31				
FACILITY	Facility Ph	ysical Addre	SS				2016	January	1		2016	June	30				
LOCATION	City	VA	Zip Code				2016	July	1		2016	December	31				
							2017	January	1		2017	June	30				
CONTACT PERSON	ONTACT PERSON			_			2017	July	1	1	2017	December	31				
							2018	January	1	1	2018	June	30	1			
TELEPHONE				_			2018	July	1	4	2018	December	31				
							2019	January	1	_	2019	June	30	J			
				I	CONCENTRA	MOITA			NO.	ī	SAM	PI F	1	STO	RM EVI	=NT	
PARAMETER					CONCENTIO	111011			EX.		TY				ORMATI		
TARAMETER				MINIMUM	AVERAGE	MAXI	MUM	UNITS	1					DATE	YR	MO	DAY
003 BOD5			REPORTED	*****	*****	3	1	MG/L	1		GR	AB	1				
			REQUIREMENT	*****	*****	30		MG/L			GR	AB	1	DURATION	HRS	M	IIN
004 TSS			REPORTED	*****	*****	7	5	MG/L	0		GR	AB	1				
			REQUIREMENT	*****	*****	100		MG/L			GR	AB	1	RAINFALL			
008 COD			REPORTED	*****	*****	9	7	MG/L	0		GR	AB	1	TOTAL (IN.)			
			REQUIREMENT	*****	*****	120		MG/L			GR	AB	1	RAINFALL	DAY	S	HRS
012 PHOSPHORU	S, TOTAL	(AS P)	REPORTED	*****	*****	1.	.9	MG/L	0		GR	AB	1	TOTAL (IN.)			
			REQUIREMENT	******	*****	2.0		MG/L			GR	AB			•		
013 NITROGEN, T	OTAL (AS	N)	REPORTED	*****	*****	2	.1	MG/L	0		GR	AB	ĺ				

Comments: Express data in same number of significant digits as the limit

039 AMMONIA, AS N

REQUIREMENT

REQUIREMENT

REPORTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT		DATE	
DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL					
PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR			1	1 1	1
PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE			1	1 1	1
INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE			1	1 1	1
AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,					lacksquare
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

2.2

2.14

1.38

MG/L

MG/L

MG/L

0

GRAB

GRAB

GRAB

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Northern Regional Office 13901 Crown Court

(REGIONAL OFFICE)

DEPT OF ENVIRONMENTAL QUALITY

Woodbridge (703) 583-3800 VA 22193

TYPE:	STORM	WATER
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PERMITTEE NAME Facitty Name

FACILITY NAME Facility Name

ADDRESS Facility Mailing Address

City VA Zip Code

FACILITY Facility Physical Address

LOCATION City VA Zip Code

CONTACT PERSON

TELEPHONE

VAR05XXXX	001
PERMIT NUMBER	OUTFALL NO.

Check			MONIT	ORIN	G PERIC)D	
One	YEAR	MONTH	YEAR	MONTH	DAY		
	2014	July	1		2014	December	31
	2015	January	1		2015	June	30
	2015	July	1		2015	December	31
	2016	January	1		2016	June	30
	2016	July	1		2016	December	31
	2017	January	1		2017	June	30
	2017	July	1		2017	December	31
	2018	January	1		2018	June	30
	2018	July	1		2018	December	31
Ü	2019	January	1		2019	June	30

PARAMETER			CONCENTR	ATION		NO. EX.	SAMPLE TYPE
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
003 BOD5	REPORTED	*****	*****	31	MG/L	1	GRAB
	REQUIREMENT	*****	*****	30	MG/L		GRAB
004 TSS	REPORTED	*****	*****	75	MG/L	0	GRAB
	REQUIREMENT	*****	*****	100	MG/L		GRAB
008 COD	REPORTED	*****	*****	97	MG/L	_ 0	GRAB
	REQUIREMENT	*****	*****	120	MG/L		GRAB
012 PHOSPHORUS, TOTAL (AS P)	REPORTED	*****	*****	1.9	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.0	MG/L		GRAB
013 NITROGEN, TOTAL (AS N)	REPORTED	*****	*****	2.1	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.2	MG/L		GRAB
039 AMMONIA, AS N	REPORTED	*****	*****	1.38	MG/L	0	GRAB
	REQUIREMENT	*****	*****	2.14	MG/L		GRAB

	RM EV DRMAT			
DATE	YR	М	0	DAY
DURATION	HRS		MII	N
RAINFALL TOTAL (IN.)				
RAINFALL TOTAL (IN.)	DAY	Ś	F	IRS
TOTAL (IIV.)				

Enter data in DMR units convert lab units as needed (µg/L to mg/L or mg/L to µg/L as appropriate)

DATE

MO.

DAY

Express data in same number of significant digits as the limit

Comments:

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT		C
DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL				ī
PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR		1	1 1	
PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE		1	1 1	
INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE			1 1	
AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,			ullet	_
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	ı

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VA 22193 (703) 583-3800

convert lab units as needed

(µg/L to mg/L or mg/L to

μg/L as appropriate)

(REGIONAL OFFICE)

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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TYPE: STORM WAT	ΓER																	
XXXXX MC	ONITORING						VAF	R05XXX	X		001							
							PERM	1IT NUME	ER	OUTFALL NO.								
PERMITTEE NAME	Facitty Nam	е											ļ					
							Check			MONIT	ORING	PERIC	DD		1			
FACILITY NAME	Facility Nam			Ente	r 1 if the da	ta	One	YEAR	MONTH	DAY	_	YEAR	MONTH	DAY				
ADDRESS	Facility Maili	ū		exce	eds the COI	NCMAX		2014	July	1	I ⊨	2014	December	31	4			
	City	VA	Zip Code	limit or does not				2015	January July	1	_	2015	June December	30 31	-			
FACILITY	Facility Phys	sical Addres	achieve the CONCMIN					2016	January	1	_	2016	June	30	1			
LOCATION	City	VA	Zip Code	limit				2016	July	1		2016	December	31]			
CONTACT PERSON				•			2017	January	1	_	2017	June	30]				
CONTACT PERSON				•			2017	July	1	_	2017	December	31	4				
TELEPHONE								2018	January July	1	I -	2018	June December	30 31	1			
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-			_				ļ				_				-			
						CONCENTR	ATION			NO. EX.		SAM TY				ORM EV		
PARAMETER					MINIMUM	AVERAGE	ΜΔΧ	IMUM	UNITS	A_V.		• • •	-		DATE	YR	Тмо	DAY
003 BOD5			REPORTED		*****	*****	3		MG/L	1		GR	۸D		DATE	T K	IVIO	DAY
000 2020					*****	*****	30) [MG/L	-		GR			DURATION	1100	+	MIN
004 TSS			REQUIREMENT		*****	*****	-	-							Bollethore	HRS	<u> </u>	/IIIN
1004 133			REPORTED		****	*****	_	5	MG/L	0		GR			5444544	$oldsymbol{oldsymbol{\perp}}$		
			REQUIREMENT	•			100		MG/L			GR	AB		RAINFALL TOTAL (IN.)			
008 COD			REPORTED		*****	*****	9	7	MG/L	L o		GR	AB		(,			
			REQUIREMENT		*****	*****	120		MG/L			GR	AB		RAINFALL	DA\	YS	HRS
012 PHOSPHORUS	S, TOTAL (A	SP)	REPORTED		*****	*****	1	.9	MG/L	0		GR	AB		TOTAL (IN.)			
			REQUIREMENT		*****	*****	2.0		MG/L			GR	AB		1	_!	!_	
013 NITROGEN, TO	OTAL (AS N)	REPORTED		*****	*****	2	.1	MG/L	0		GR	AB					
	,		REQUIREMENT		*****	*****	2.2		MG/L			GR						
039 AMMONIA AS	: N				*****	*****		20	NAC/I	0		CP	A D		Enter data	in DN	∕IR ur	nits -
039 AMMONIA, AS N			REPORTED					38	MG/L	0		GR	AD		c. data		, di	

REQUIREMENT Express data in same number of significant digits as the limit

Comments:

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	PRINCIPAL EXECUTIVE OFFICE	R OR AUTHORIZED AGENT		DATE	
DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNE					
PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR				1 /	
PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE				1 /	
INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE				1 /	
AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,					
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

2.14

MG/L

GRAB

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge VA

YEAR

MO.

DAY

(703) 583-3800

22193

TYPE: STORM WA	TER																
XXXXX M	ONITORING					VAF	R05XXX	Х		001							
						PERM	IIT NUMB	ER	OU	TFALL N	IO.						
PERMITTEE NAME	Facitty Name					•											
						Check			MONIT	ORING	PERIC	D		7			
FACILITY NAME	Facility Name		Ente	r 1 if the da	ita	One	YEAR	MONTH	DAY	TO Y	/EAR	MONTH	DAY				
ADDRESS	Facility Mailing Address		exce	eds the CO	NCMAX		2014	July	1		2014	December	31				
	City VA	Zip Code	limit	or does no	t		2015 2015	January July	1	_	2015 2015	June December	30 31	-			
FACILITY	Facility Physical Addres			eve the CON	-		2015	January	1	_	2015	June	30	-			
LOCATION	City VA	Zin Codo	limit		· ·		2016	July	1	_	2016	December	31	F		1	
			mmt				2017	January	1	2	2017	June	30	Enter th			
CONTACT PERSON							2017	July	1		2017	December	31	Sample	Гуре	collect	ted
TELEBLIONE							2018	January	1	_	2018	June	30	_			
TELEPHONE							2018	July January	1	_	2018	December	31 30				
							2119	January		L	2019	June	30				
					CONCENTR	ATION			NO.		SAM				RM EV		
PARAMETER									EX.		TYI	PE /			ORMAT	ION	
				MINIMUM	AVERAGE	MAXI	IMUM	UNITS	_					DATE	YR	MO	DAY
003 BOD5		REPORTED		*****	*****	3	1	MG/L	1		GR	AB					
		REQUIREMENT		*****	*****	30		MG/L			GR	AB		DURATION	HRS	MI	IN
004 TSS		REPORTED		*****	*****	7	' 5	MG/L	0		GR	AB	1				
		REQUIREMENT		*****	*****	100		MG/L			GR	AB	1	RAINFALL			
008 COD		REPORTED		*****	*****	9	7	MG/L	0		GR	AB	1	TOTAL (IN.)			
		REQUIREMENT		*****	*****	120		MG/L			GR	AB		RAINFALL	DAY	′S I	HRS
012 PHOSPHORU	JS, TOTAL (AS P)	REPORTED		*****	*****	1.	9	MG/L	0		GR	AB		TOTAL (IN.)	-		-
		REQUIREMENT		*****	*****	2.0		MG/L			GR		1				
013 NITROGEN, T	OTAL (AS N)	REPORTED		*****	*****	2.	.1	MG/L	0		GR	AB	1				
		REQUIREMENT		*****	*****	2.2		MG/L			GR						
039 AMMONIA, AS	S N	REPORTED		*****	*****	1 1	38	MG/L	0		GR	ΔR		Enter data	in DN	1R uni	ts -
12.5.1.2			*****	*****	2.14	21	MG/L	U		GR		1	convert lab	units	as ne	eded	
Express data in same number of significant digits as the				the limit	/			Ш				ı	(μg/L to mg				
Comments: Express data in same number of significant digits as the					tile illilit	4								μg/L as app			
														F6/ E 45 4PF	. opii		
1					1	PF	RINCIPA	L EXECUT	TIVE OF	FICER	OR A	JTHORIZED	AGE	NT			DATE

TYPED OR PRINTED NAME

SIGNATURE

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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES) DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge

(703) 583-3800

VA

22193

			NOTE:	READ PERMIT	AND GENERAL I	INSTRUC	CTIONS	BEFORE	COMI	PLET	ING TH	IS FORM					
TYPE: STORM WAT	ER																
XXXXX MC	ONITORING	3				VAR	05XXX	X	001								
						PERMIT NUMBER				OUTFALL NO.							
PERMITTEE NAME	Facitty Na	ame															
	,					Check			MONIT	ORINI	3 PERIC	חר					
FACILITY NAME	Facility Na	ame				One	YFAR			то	YEAR	MONTH	DAY				
ADDRESS		ailing Addres	S				2014	July	1	`	2014	December	31				
	City	VA	Zip Code				2015	January	1	1	2015	June	30				
							2015	July	1		2015	December	31				
FACILITY	Facility Pl	nysical Addre	ess				2016	January	1		2016	June	30				
LOCATION	City	VA	Zip Code				2016	July	1		2016	December	31				
							2017	January	1		2017	June	Filter Storr			vent	
CONTACT PERSON				_		\vdash	2017	July	1		2017	December	31	Informat	tion in all fields		
TELEBLIONE						2018 January			1		2018	June	30	IIII OI III de		ı uli ili	cius
TELEPHONE				_		\vdash	2018	July	1		2018	December	31				
							2019	January	1		2019	June	30				
					CONCENTR	ATION			NO.		SAM	PLE	1	STO	RM EV	ENT	
PARAMETER									EX.		TY	PE		INFO	DRMAT	ON	
				MINIMUM	AVERAGE	MAXII	MUM	UNITS						DATE	YR	МО	DAY
004 TSS			REPORTED	*****	*****										YY	MM	DD
			BENCHMARK CON	*****	*****	100		MG/L			GR.	AB		DURATION	HRS	M	IN
			•	•	•	•							A		HRS	M	IN
		> and	l < signs are not a	ppropriate ii	n this table, ı	educe	to lov	west un	its -					RAINFALL		x . xx	
			Duration en	ter 2 hours ra	ather than 12	20 mini	utes,	or Prece	eding					TOTAL (IN.)			
Comments:			Event enter	3 davs rathe	r than 72 hou	ırs								PRECEDING	DAY	S	HRS
				,		. -								EVENT	DD		HRS
														<u> </u>			

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	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

VAR05XXXX

001

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge

(703) 583-3800

VA

A 22193

					PERM	IT NUMB	ER	OUTFALL NO.				
PERMITTEE NAME	Facitty N	lame		'							•	
					Check			MONIT	ORIN	G PERIC)D	
FACILITY NAME	Facility N	Name			One	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY
ADDRESS	Facility N	Nailing Addre	ess			2014	July	1		2014	December	31
	City	VA	Zip Code			2015	January	1		2015	June	30
						2015	July	1		2015	December	31
FACILITY	Facility F	Physical Add	ress			2016	January	1		2016	June	30
LOCATION	City	VA	Zip Code			2016	July	1		2016	December	31
						2017	January	1		2017	June	30
CONTACT PERSON						2017	July	1		2017	December	31
						2018	January	1		2018	June	30
TELEPHONE						2018	July	1		2018	December	31
						2019	January	1		2019	June	30
				· ·								

PARAMETER			NO. EX.	TYPE			
		MINIMUM	AVERAGE	MAXIMUM	UNITS		
004 TSS	REPORTED	*****	*****				
	BENCHMARK CON	*****	*****	100	MG/L		GRAB

Comments: Outfalls 002 and 003 are Significantly Identical to Representative Outfall 001

TYPE: STORM WATER

XXXXX MONITORING

STORM EVENT INFORMATION											
DATE	DATE YR MO DAY										
DURATION HRS MIN											
RAINFALL											
TOTAL (IN.)											
PRECEDING EVENT	DAY	'S I	HRS								
LVEINI											

Enter Comments as needed such as Representative Outfall Information

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	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge (703) 583-3800 VA 22193

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

TYPE: STORM WAT	ER																		
EFFLUENT	EFFLUENT LIMITATION MONITORING								R05XXX	X		001							
								PERM	IIT NUMB	ER	OL	JTFAL	L NO.						
PERMITTEE NAME	Facitty Na	me																	
								Check			MONIT	ORIN	IG PERIO)D]			
FACILITY NAME	Facility Na							One	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY]			
ADDRESS	·=	ailing Address							2014	July	1		2014	December	31	_			
	City	VA	Zip Code			1 samp	ole is		2015 2015	January July	1	-	2015 2015	June December	30 31	4			
FACILITY	Facility Ph	ysical Addres	S			he pH			2016	January	1	1	2016	June	30	1			
LOCATION	City	VA	Zip Code		_	/IIN and			2016	July	1	1	2016	December	31	1			
						lata val	II be the		2017	January	1		2017	June	30				
CONTACT PERSON				Sali	ie u	ala Vai	ue		2017	July	1		2017	December	31]			
TELEBLIONE									2018	January	1	-	2018	June	30	4			
TELEPHONE	-								2018 2019	July January	1	-	2018	December June	31 30	4			
									2019	January	'	J	2019	Julie	30	J			
							CONCENTR	ATION			NO.		SAM				RM EV		
PARAMETER				L						_	EX.		TY	PE			ORMAT	ION	_
					MI	INIMUM	AVERAGE	MAXI	MUM	UNITS						DATE	YR	MO	DAY
002 pH			REPORTED		'		*****			SU	0			AB					
			REQUIREMENT		6.0		*****	9.0		SU			GR	AB		DURATION	HRS	M	MIN
003 BOD5			REPORTED		****	****				MG/L	0		GR	AB					
			REQUIREMENT		***	****	37	140		MG/L			GR	AB		RAINFALL			
004 TSS			REPORTED		***	****				MG/L	0		GR	AB		TOTAL (IN.)			
			REQUIREMENT		***	****	27	88		MG/L			GR	AB		RAINFALL	DAY	′S	HRS
020 ZINC, TOTAL ((AS ZN)		REPORTED		***	****				MG/L	0		GR	AB		TOTAL (IN.)			
			REQUIREMENT		***	****	0.11	0.20		MG/L			GR	AB					
039 AMMONIA, AS	N		REPORTED		***	****				MG/L	0		GR	AB					
			REQUIREMENT		***	****	4.9	10		MG/L			GR	AB					
052 ALPHA-TERPII	NEOL		REPORTED		***	****				MG/L	0		GR	AB					
			REQUIREMENT		***	****	0.016	0.033		MG/L			GR	AB					
Comments:			•	•			•	•							•				

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	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

Northern Regional Office

DEPT OF ENVIRONMENTAL QUALITY

13901 Crown Court Woodbridge VA

(REGIONAL OFFICE)

22193 (703) 583-3800

YEAR

MO.

DAY

			NC	OTE: RE	AD PERMIT A	ND GENERAL I	NSTRU	CTIONS	BEFORE	COM	PLET	ING TH	IS FORM					
TYPE: STORM WAT	ΓER																	
EFFLUEN ⁻	T LIMITATI	OTINOM NC	ORING				VAI	R05XXX	X		001							
							PERM	/IT NUME	ER	OL	JTFALL	NO.						
PERMITTEE NAME	Facitty Na	me											ļ					
							Check			MONIT	ORIN	G PERIC	DD		1			
FACILITY NAME	Facility Na	ame					One	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY				
ADDRESS	•	ailing Address						2014	July	1		2014	December	31]			
	City	VA	Zip Code		ly 1 sampl	e is		2015	January	1	ł	2015	June	30 31	4			
FACILITY	Facility Ph	ysical Addre	99		n, the pH		-	2015 2016	July January	1	ł	2015 2016	December June	30	-			
LOCATION	City	VA	Zip Code		ICMIN and		-	2016	July	1	ł	2016	December	31	1			
	,		·		ICMAX wil			2017	January	1	1	2017	June	30	1			
CONTACT PERSON				sam	e data valı	ie		2017	July	1]	2017	December	31]			
TEL EDI 10: :-								2018	January	1		2018	June	30	4			
TELEPHONE							<u> </u>	2018	July	1	-	2018	December	31	4			
								2019	January	1	J	2019	June	30	J			
PARAMETER						CONCENTRA	ATION			NO. EX.		SAM TY				RM EV ORMAT		
T / W / WILL TELL					MINIMUM	AVERAGE	MAX	IMUM	UNITS	1					DATE	YR	МО	DAY
002 pH			REPORTED			*****			SU	0		GR	AB	1				1
			REQUIREMENT	6.	.0	*****	9.0		SU			GR	AB	1	DURATION	HRS	M	IIN
003 BOD5			REPORTED	*	*****	K			MG/L	0		GR	AB					
			REQUIREMENT	*	*****	37	140		MG/L			GR	AB	1	RAINFALL			
004 TSS			REPORTED	*	*****				MG/L	0		GR	AB		TOTAL (IN.)			
			REQUIREMENT	*	*****	27	88		MG/L			GR	AB		RAINFALL	DAY	/S	HRS
020 ZINC, TOTAL	(AS ZN)		REPORTED	*	*****				MG/L	0		GR	AB		TOTAL (IN.)			
			REQUIREMENT	*	*****	0.11	0.20		MG/L			GR	AP					
039 AMMONIA, AS	S N		REPORTED	*	*****				MG/L	0		GR	AB					
			REQUIREMENT	*	*****	4.9	10		MG/L			GR	AB	N	Multiple sai	nples	with	in th
052 ALPHA-TERPI	NEOL		REPORTED	*	*****				MG/L	0		GR			same month			ed
			REQUIREMENT	*	*****	0.016	0.033		MG/L			GR	AB] f	or calculati	ng th	е	
Comments:							-		s 		-			-				
L CEDTIFY LINDED DEATH TV	NE I ANA/ TILAT T	UC DOCUMENT.	AND ALL ATTACHMENTS	WEDE DDES	ADED LINDED ACC		PI	RINCIPA	T EXECO.	TIVE O	FFICE	R OR A	UTHORIZED	AGEN	T			DATE
I CERTIFY UNDER PENALTY O DIRECTION OR SUPERVISION PROPERLY GATHER AND EVA	IN ACCORDAN	CE WITH A SYSTE	EM DESIGNED TO ASSURE	THAT QUA	LIFIED PERSONNEL													T

TYPED OR PRINTED NAME

SIGNATURE

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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

DEPT OF ENVIRONMENTAL QUALITY

Northern Regional Office

13901 Crown Court

Woodbridge

(703) 583-3800

(REGIONAL OFFICE)

VA

22193

		NO	OTE: READ PERMIT	AND GENERAL	INSTRU	CTIONS	BEFORE	COME	LETI	NG THI	SFORM					
TYPE: STORM WAT	ER															
EFFLUENT	LIMITATION MON	IITORING			VAI	R05XXX	Х		001							
					PERM	IIT NUMB	ER	OU	TFALL	NO.						
PERMITTEE NAME	Facitty Name							<u> </u>								
					Check			MONITO	ORING	PERIO	D		16161			
FACILITY NAME	Facility Name				One	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY	If multipl			
ADDRESS	Facility Mailing Add					2014	July	1		2014	December	31	averaged Event Inf			
	City VA	Zip Code	If only 1 samp	le is		2015	January July	1	-	2015	June	30 31	entered (
FACILITY	Facility Physical Ad	dress	taken, the pH	_		2015 2016	January	1	-	2015	December June	30	Storm E			
LOCATION	City VA	Zip Code	CONCMIN and			2016	July	1	-	2016	December	31	should b			
	•	·	CONCMAX wi			2017	January	1		2017	June	30	separate			
CONTACT PERSON			same data val	ue		2017	July	1		2017	December	31	attachme			
						2018	January	1	L	2018	June	30				
TELEPHONE			/			2018	July	1		2018	December	31				
			/			2019	January	1	L	2019	June	30				
				CONCENTR	ATION			NO.		SAM				RM EVI		
PARAMETER								EX.		TYF	PE		INF	ORMATI	ON	
			MINIMUM	AVERAGE	MAX	IMUM	UNITS						DATE	YR	MO	DAY
002 pH		REPORTED	*	******			SU	0		GR						
		REQUIREMENT	6.0	*****	9.0		SU			GR <i>I</i>	AB		DURATION	HRS	М	IIN
003 BOD5		REPORTED	*****	-			MG/L	0		GR	AB					
		REQUIREMENT	*****	37	140		MG/L			GR.	AB		RAINFALL			
004 TSS		REPORTED	*****				MG/L	0		GR	AB		TOTAL (IN.)			
		REQUIREMENT	*****	27	88		MG/L			GR/	AB		RAINFALL	DAY	S	HRS
020 ZINC, TOTAL (AS ZN)	REPORTED	*****				MG/L	0		GR	AB		TOTAL (IN.)			
		REQUIREMENT	*****	0.11	0.20		MG/L			GRA	12					
039 AMMONIA, AS	N	REPORTED	*****				MG/L	0		GR	AB					
		REQUIREMENT	*****	4.9	10		MG/L			GR/	AB	IV	lultiple sar	nples	with	in the
052 ALPHA-TERPI	NEOL	REPORTED	*****				MG/L	0		GR	AB	S	ame month	can	be us	
		REQUIREMENT	*****	0.016	0.033		MG/L			GR.	AВ	fo	or calculati	ng the	€	
Comments:		•	•	•				•								
Comments.																
					PI	RINCIPA	LEXECU	TIVE OF	FICER	OR AL	ITHORIZED	AGEN	-			DATE

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PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE				1 1	1
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COMMONWEALTH OF VIRGINIA

DEPARTMENT OF ENVIRONMENTAL QUALITY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

ORM

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

22193

Northern Regional Office

13901 Crown Court

Woodbridge VA (703) 583-3800

NOTE: READ PERMIT AND GENERAL	. INSTRUCTIONS BEFORE CO	OMPLETING THIS FO

TYPE: STORM WAT	ER																	
EFFLUENT	LIMITA	TION MONIT	ORING				VA	R05XXX	Х		001							
							PER	MIT NUMB	ER	OL	JTFALI	L NO.						
PERMITTEE NAME	Facitty N	Name					<u> </u>						ŀ					
							Check	(MONIT	ORIN	G PERIO	DD] 16		laa	
FACILITY NAME	Facility I	Name					One	YEAR	MONTH	DAY	TO	YEAR	MONTH	DAY	If multip			
ADDRESS	•	Mailing Addres						2014	July	1		2014	December	31	averaged Event In			
	City	VA	Zip Code		nly 1 samp	ole is		2015	January	1	ł	2015	June	30	entered			
FACILITY	Eggility I	Physical Addre	200		en, the pH		-	2015	July	1	ł	2015	December	31	Storm Ev			
LOCATION	City	VA	Zip Code		NCMIN and		-	2016	January July	1	ł	2016 2016	June December	30 31	should b			
LOCATION	City	٧٨	Zip Code		NCMAX wi			2017	January					30	separate			
CONTACT PERSON	ONTACT PERSON			san	ne data val	lue		2017	July	1	1	2017	December	31	attachm		OI CL	JIVIIX
ELEPHONE								2018	January	1	1	2018	June	30	attaoriin		1	
TELEPHONE								2018	July	1		2018	December	31				
								2019	January	1]	2019	June	30] /			
						CONCENTR	ATION			NO.	Π	SAM	PLE	I	STO	RM EVE	NT	$\overline{}$
PARAMETER										EX.		TY	PE		INF	ORMATIC	NC	
				l	MINIMUM	AVERAGE	MAX	KIMUM	UNITS	1					DATE	YR	МО	DAY
002 pH			REPORTED			*****			SU	0		GR	AB					
			REQUIREMENT		6.0	*****	9.0		SU			GR	AB		DURATION	HRS	MI	IN
003 BOD5			REPORTED		*****				MG/L	0		GR	AB					
			REQUIREMENT		*****	37	140		MG/L			GR	AB		RAINFALL			
004 TSS			REPORTED		*****				MG/L	0		GR	AB		TOTAL (IN.)			
			REQUIREMENT		*****	27	88		MG/L			GR	AB		RAINFALL	DAYS	3 1	HRS
020 ZINC, TOTAL ((AS ZN)		REPORTED		*****				MG/L	0		GR	AB		TOTAL (IN.)			
			REQUIREMENT		*****	0.11	0.20		MG/L			GR	A.C					
039 AMMONIA, AS	N		REPORTED		*****				MG/L	0		GR	AB					
			REQUIREMENT		*****	4.9	10		MG/L			GR	AB	N	Multiple sai	nples	with	in the
		REPORTED		*****				MG/L	0		GR	AB	S	ame month	i can b	e us		
			REQUIREMENT		*****	0.016	0.033		MG/L			GR	AB	f	or calculati	ng the		
Comments:			•			•	•											

Any exceedance of limit requires review of SWPPP, modification as needed and Corrective Action Report by 4/10 or 10/10

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	PRINCIPAL EXECUTIVE OFFICE		DATE		
DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL					
PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR					
PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE					
INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE					
AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,					
	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge VA

22193

(703) 583-3800

					02												
TYPE: STORM WA	TER																
TMDL WASTE LOAD ALLOCATION MONITORING			VAR05XXXX			001											
						PERMIT NUMBER			OUTFALL NO.								
PERMITTEE NAME Facitty Name										- 1101							
						Check			MONITO) PINI	G PERIC	חח		1			
FACILITY NAME	Facility Nar	me				One	YEAR			TO	YEAR	MONTH	DAY	1			
-	•	Facility Mailing Address					2014	July	1		2014	December	31	1			
	City	VA	Zip Code				2015	January	1		2015	June	30]			
							2015	July	1		2015	December	31	Non Chas	anaaka	Pay T	.VADI
FACILITY	Facility Physical Address					2016	January	1		2016	June	30	Non Chesapeake Bay TI parameters reporting				
LOCATION	City	VA	Zip Code			-	2016 2017	July January	1		2016	December	31 30	1 '	•	_	
CONTACT PERSON					_	2017	July	1		2017	June December	31	required through er		h enti	ire	
TELEPHONE			_			2018	January	1		2018	June	30	permit pe	riod			
					2018	July	1		2018	December	31						
				-			2019	January	1		2019	June	30]			
			•		CONCENTR	ATION			NO.		SAM	DIE	ı	STO	RM EVEN	IT	
PARAMETER					CONCENTR	ATION			EX.		TY				ORMATIO		
ANAMETEN				MINIMUM	AVERAGE	MAXI	MUM	UNITS	1					DATE	YR	MO [DAY
004 TSS			IREPORTED	*****	*****	1 - 1 - 1 - 1	. : - : - :	-:-:-:-:	. : . : .	. : -	: - : - : - :	*1*1*1*1*1			 		,,,,
			REQUIREMENT	*****	****	70		MG/L			GR.	AB		DURATION	HRS	MIN	
929 ChesBay TMD	I TCC			******	*****	10						*.*.*.*.			пкъ	IVIIIN	
929 Chesbay TwiD	LISS		REPORTED														
			REQUIREMENT	******	*****	NL		MG/L			GR.	AB		RAINFALL TOTAL (IN.)			
930 ChesBay TMDL Nitrogen, Total (as		REPORTED	*****	*****									TOTAL (IIV.)				
N)		-	REQUIREMENT	*****	****	NL		MG/L			GR.	AB		RAINFALL	DAYS	HR	S
930 ChesBay TMD	l Phosphor	us Total	REPORTED	*****	I× ^ / + + * *						: - : - : - :			TOTAL (IN.)			
(as P)	1100071101	-			1.1.1.1.1.1.1.1.1.1.1.1	KII		MG/T			GIN	ND.			<u> </u>		
			REQUIREMENT			14					- JK		e F	Reporting re	quired	for	
														Chesapeake	-		
Comments: Chesanes	ake Bay TMDI	monitoring	is only required July 1, 20	14 through June 1	30 2016								•	coupcake	Duy III		

parameters 929, 930, 931 for 4 monitoirng periods only

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				
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AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION,					
·	TYPED OR PRINTED NAME	SIGNATURE	YEAR	MO.	DAY

VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM (VPDES)

DISCHARGE MONITORING REPORT (DMR)

NOTE: READ PERMIT AND GENERAL INSTRUCTIONS BEFORE COMPLETING THIS FORM

DEPT OF ENVIRONMENTAL QUALITY

(REGIONAL OFFICE)

Northern Regional Office

13901 Crown Court

Woodbridge VA 22193

(703) 583-3800

TYPE: STORM WAT	ER															
TMDL WASTE LOAD ALLOCATION MONITORING			VAR05XXXX 001													
					PERM	MIT NUMB	BER	OU	TFALL I	NO.						
PERMITTEE NAME	Facitty Name										•					
					Check			MONIT	ORING	PERIC)D		1			
FACILITY NAME	Facility Name				One	YEAR	MONTH	DAY	ТО	YEAR	MONTH	DAY				
ADDRESS	Facility Mailing Address					2014	July	1		2014	December	31]			
	City VA	Zip Code					January	1		2015	June	30	4			
FACILITY	Facility Physical Addres					2015	July	1		2015	December	31	-			
LOCATION	_			data	-	2016	January July	1		2016	June December	30 31	-			
200/11014	Oity V/	Zip Codc		xceeds the CONCMAX			January	1		2017	June	30	1			
CONTACT PERSON						2017	July	1		2017	December	31	Enter t	he acti	ual	
			lim it			2018	January	y 1	1 F	2018	June	30	Sample	Type o	collec	ted
TELEPHONE						2018	July	1		2018	December	31]	•		
						2019	January	1		2019	June	30				
				CONCENTE	ATION			NO		SAM	IDI E		OTO	DRM EVE	-NIT	
DADAMETED				CONCENTR	KATION			NO. EX.		SAIV				ORMATI		
PARAMETER			MINIMUM	AVERAGE	MAX	IMUM	UNITS	24					DATE	YR I	MO	DAY
004 TSS		REPORTED	*****	*****	7	75	MG/L	1		GR	AB	i				
		REQUIREMENT	*****	*****	70		MG/L			GR	AB	1	DURATION	HRS	М	IIN
929 ChesBay TMD	LTSS	REPORTED	*****	*****	7	75	MG/L	0		GR	AB	1				
		REQUIREMENT	*****	*****	NL		MG/L			GR	AB	1	RAINFALL			
930 ChesBay TMDL Nitrogen, Total (as N)		REPORTED	******	*****	3	30	MG/L	0		GR	AB		TOTAL (IN.)			
		REQUIREMENT	******	*****	NL		MG/L			GR	AB	1	RAINFALL	DAY	S	HRS
930 ChesBay TMDL Phosphorus, Total (as P)		REPORTED	******	*****	2	20	MG/L	6		GR	AB	1	TOTAL (IN.)			
		REQUIREMENT	*****	*****	NL		MG/L			GK	Ар	L En	ter data in I	JMP II	nite	convo
1																
Comments: Chesanea	ke Bay TMDL monitoring	is only required July	1 2014 through lun	30 2016									units as ne			
Comments. Onesapea	ke bay Twibe monitoring	is only required only	i, 2014 tillough Juli	5 30, 2010.								or	mg/L to μg	/L as a	ppro	priate)
If excess of lo	pading value, Ch	esBay TMDL	Action Plan re	equired by 3/	30/17 a	and ar	nnual re	eport	by 6	30						

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY	PRINCIPAL EXECUTIVE	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
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	TYPED OR PRINTED NAME		YEAR	MO.	DAY

eDMR Contact Information

Help Telephone Line: 1-800-332-6542 (Option 1 for DEQ Northern Regional Office)

eDMR Contact: (DEQ Northern Regional Office)
Rebecca Vice rebecca.vice@deq.virginia.gov
13901 Crown Court, Woodbridge, VA 22193
703-583-3922

eDMR Resource Links on DEQ Website

DEQ eDMR Information Page

http://www.deq.virginia.gov/Programs/Water/PermittingCompliance/ElectronicDMRsubmissions.aspx

- Application Registration Information http://www.deq.virginia.gov/Portals/0/DEQ/Water/VirginiaDEQFacilityPackage.docx
- Links to Training Videos (on DEQ eDMR Information Page link above)

General Information

Log In and Profile Management Create a Report: Online Entry Create a Report: Excel Copy/Paste Create a Report: XML Upload

Edit: Open Report

Review: Submissions/Revisions

Watershed General Permit for Nutrient Trading (i.e., the Nutrient Trading General Permit)

Aggregated Mass Load Facilities

Industrial Stormwater General Permit Unique Features

- User's Guide
 - http://www.deq.virginia.gov/Portals/0/DEQ/Water/Compliance/Users_Guide.pdf
- Frequently Asked Questions

Instructions for Completing Registration Forms

Registration to participate in the eDMR system for submitting DMRs is done on eDMR Form-1. The form can be completed and saved as a file. On page 2 the permittee name is the name of the facility. An authorized official should sign the form to delegate authority for the designed personnel to act in the specified roles. Each listed individual must have an unique email address.

If an eDMR user is to be a Certifier for approving the reports, a notarized eDMR Form-2 will also need to be submitted.

To expedite the processing of an Application, scanned copies of documents can be emailed with follow-up by mailing original documents to DEQ.

Processing an eDMR Application usually takes about 2 weeks.

Compliance Auditors

DEQ Northern Regional Office

Rebecca Vice rebecca.vice@deq.virginia.gov 13901 Crown Court, Woodbridge, VA 22193 703-583-3922 1-800-332-6542 (Option 1)

DEQ Piedmont Regional Office

Patrick Bishop <u>patrick.bishop@deq.virginia.gov</u> 4949-A Cox Road, Glen Allen, VA 23060 804-527-5127 1-800-332-6542 (Option 3)

DEQ Tidewater Regional Office

Debbie Kay deborah.kay@deq.virginia.gov 5636 Southern Boulevard, Virginia Beach, VA 23462 757-518-2127 1-800-332-6542 (Option 2)

Barbara Jones <u>barbara.jones@deq.virginia.gov</u> 5636 Southern Boulevard, Virginia Beach, VA 23462 757-518-2018 1-800-332-6542 (Option 2)

DEQ Valley Regional Office

Linda Ferguson-Davie <u>linda.ferguson-davie@deq.virginia.gov</u> 4411 Early Road, Harrisonburg, VA 22801 540-574-7806 1-800-332-6542 (Option 4)

DEQ Blue Ridge Regional Office-Lynchburg

Peggy Barbour <u>peggy.barbour@deq.virginia.gov</u> 7705 Timberlake Road, Lynchburg, VA 24502 434-582-6203 1-800-332-6542 (Option 6)

DEQ Blue Ridge Regional Office-Roanoke

Cathy Kibler cathy.kibler@deq.virginia.gov
3019 Peters Creek Road NW, Roanoke, VA 24019
540-5626779
1-800-332-6542 (Option 5)

DEQ Southwest Regional Office

Ruby Scott ruby.scott@deq.virginia.gov 355 Deadmore Street, Abingdon, VA 24210 276-676-4882 1-800-332-6542 (Option 7)

DEQ Central Office, Richmond, VA 1-800-332-6542 (Option 8)